

for-hire driver license will be approved.

(Signature)

For Hire Driver Application Records and Licensing Services Division Must Apply in Person at 500 Fourth Avenue Room 403, Seattle WA 98104

APPLICATIONS NOT ACCEPTED AFTER 3:30 PM

Office Use Only								
FH#								
License Type								
Company								
Owner of Company Yes No								
Cab #								

Ponowal.

	new ·	- Kene	wai – Kea	activat	e		, , , <u> </u>		
	(circle one)			Cab	#			
Type or Print: First Name Middle		Middle Nam	dle Name		Last Name	e			
Previous Names or Aliase	s			Email					
Home Address (Number,	Street, Apartment n	number)					_		
City		State	Zip Code	Social S	Social Security Number:				
Mailing Address (Number	, Street, Apartment	number) If	different than abo	ve.					
City		State	Zip Code		attest, under penalty of perjury, that I am (check one): Note proof is required.				
Home Phone # Cell Phor			ne #		A citizen of the United States A noncitizen of the United States				
Driver's License (DL) Number			DL Expiration				esident (Alien#)		
v = (==,			2 - 2 - April 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		-		work (Alien or Admission #)		
Place of Birth			Date of Birth		until (Expirations date, if				
				applica	ble – Month	h/Day/\	Year)		
Has your Driver's License	ever been suspende	ed or revoke	d?						
	for what reason?			T			Γ		
Race		Height	Weight	Hair Color	Hair Color		Eye Color		
Have you had any mo	-						ng deferred, dismissed, tictional sheet if needed)	ckets at	
Date	Offense or Charge	atus:	res No 'll y	City/Sta		Statu	•		
	onense or enarge			Sit II Site		State			
Have you been arrest dismissed, pending or	_	d, charged *Yes		•		-	ears including deferred, I sheet if needed)		
Date	Offense or Charge			City/State Statu		•			
Are you required to r	egister as a sex o	offender w	ith Law Enforce	ment?	Yes 🗌	No			
I certify under penalt	y of perjury und	er the law	s of Washingto	n State tha	t the fore	going	is true and correct. Omis	sion of or	

	1 . 15				
Co	mpleted Date or N/A	Office Us	e Only		
KCSO Fingerprint		KC License Fee	\$	Receipt #	#
WATCH		KC Late Fee	\$		
Background		City License Fee	\$	Temp Issued	YES or NO
Driving Record		City Late Fee	\$	Expiration Date	
Training		Fingerprint	\$	Date Issued	
Assoc –Training		Training	\$	By Initials:	
Test Written		Photo	\$	Notes:	
Test Oral		Cash Paid	\$		
Physical Year/#years	#	Date Paid		Perman	ent License:
Company Letter				Expiration Date	
INS		Reschedule Fee	\$	Date Issued	
City License		Reschedule/date		By Initials:	

false representation of a material fact is grounds for denial of my license. I understand there are no refunds. I acknowledge that I must comply with all requirements in King County 6.64 and Seattle Municipal 6.310 Codes before my

(Date)